# LINE-UP TRAINING

# **Medical Emergencies**

**Topic #22** 

After discussing/reviewing the below training material in line-up (briefing), sworn staff shall sign off as completed in LMS. In the event a staff member is not present when this topic is discussed in line-up, they shall independently read, review, and complete the training.

By clicking "Yes" to "Have you completed this activity?" in LMS, you are attesting that you have viewed, read, and completed the training activity.

#### I. PURPOSE

The purpose of this training is to provide sworn staff with the proper policies and procedures for responding to medical emergencies involving inmates, staff and visitors.

### II. POLICY

This training is conducted in adherence to <u>DSB P&P Section M.5 - Medical Emergencies</u>, <u>DSB P&P Section M.6 - Life Threatening Emergencies</u>, Title 15, Article 11 Medical / Mental Health Services, and California Penal Code Section 13518.1.

### III. DISCUSSION

### A. MEDICAL EMERGENCY PROCEDURES

- 1. Upon the discovery of a downed person (deputy/inmate), the first responder on scene will secure the area and notify Control via radio. The first responder will notify Control of the following:
  - a. Name
  - b. Observable condition/symptoms
  - c. Booking Number (inmate)
- 2. Control will be responsible for initiating medical emergency procedures by maintaining log entries and filling out the medical emergency forms located in the facility Emergency Operations Manual. Control will in turn contact facility medical staff and provide the following information:
  - a. Name
  - b. Observable condition/symptoms
  - c. Booking Number (inmate)

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This Line-Up Training Topic was prepared by the Detention In-Service Training Unit.

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- 3. The Watch commander and/or area supervisor shall be notified as soon as possible.
- 4. While waiting for emergency personnel, Detention staff will initiate life saving techniques (CPR) by using universal precautions (gloves, masks) and checking for the following:
  - a. Signs of cardiac arrest
    - i. It strikes suddenly and without warning.
    - ii. Sudden loss of responsiveness
    - iii. No response to tapping on shoulders
    - iv. No response when asked questions
    - v. Irregular breathing
  - b. Check victim's Airway, Breathing, and Circulation (Pulse). If the victim is not breathing and does not have a pulse, initiate CPR (Compressions) (refer to last page for ratios)
    - i. Call 9-1-1 for emergency medical services.
    - ii. Direct someone to retrieve an automated external defibrillator (AED).
    - iii. Use the AED as soon as it becomes available.
    - iv. Lay victim flat on their back on a sturdy surface.
- 5. Medical staff will respond immediately when called and respond to a medical emergency involving an employee or visitor.
- 6. Medical staff will conduct a medical evaluation and provide first aid and basic life support.
- 7. 911 services will be called or the person will be referred to their own health care provider or physician.

### B. STAFF RESPONSIBILTIES

Staff shall review and discuss the following post positions and responsibilities in a medical emergency.

- 1. Control/Security Deputy
  - a. Communicate with the on scene deputies, responding deputies, medical staff, Communication Center and responding units.
  - b. Make appropriate notifications and maintain a written checklist of times and events.
- 2. House/Dorm Deputy & Rovers
  - a. Communicate, coordinate and assist the on scene deputies, responding medical personnel and emergency units.
  - b. Maintain order and facility security.

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- c. Escort emergency medical personnel to location
- 3. Perimeter Deputy
  - a. Escort emergency vehicles/personnel to appropriate entrance locations.
- 4. Transportation Deputy
  - a. Transport and/ or follow Emergency Personnel transporting the affected inmate(s) to the designated hospital or emergency room.
  - b. Any sworn staff, medical doctor, registered nurse, or licensed vocational nurse shall have the authority to call 911 or other medical transportation for any medical condition they deem necessary.

### SINGLE RESCUER COMPRESSION: 5 cycles or 2 minutes before reassessing

**Adult:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 hand **Child:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 or 1 hand

**Infant:**  $30:2 \mid 1" - 0.5"$  deep  $\mid 100-120$  per minute  $\mid 2$  finger  $\mid "puff"$  of air

### TWO RESCUER COMPRESSIONS: 5 cycles or 2 minutes before reassessing

**Adult:** 30:2 | 2" – 1.5" deep | 100-120 per minute | 2 hand **Child:** 15:2 | 2" – 1.5" deep | 100-120 per minute | 2 or 1 hand

**Infant:**  $15:2 \mid 1" - 0.5"$  deep  $\mid 100-120$  per minute  $\mid 2$  finger  $\mid "puff"$  of air

### If the victim is not breathing but has a pulse, initiate rescue breathing: Check Airway

Adult: 1 breaths every 5-6 seconds 10-12 breaths/min 1 breaths every 3-5 seconds 12-20 breaths/min 1 breaths every 3-5 seconds 12-20 breaths/min 12-20 breaths/min 12-20 breaths/min 12-20 breaths/min